Tel: 732-572-4743 fax: 732-572-6294 www.westonandsampson.com



October 24, 2013

Ms. Grissel V. Diaz-Cotto Emergency and Remedial Response Division United States Environmental Protection Agency Region II 290 Broadway, 19th Floor New York, NY 10007-1866

Re:

September 2013 Discharge Monitoring Report Leachate Treatment Plant, Operable Unit 1 Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

Please find enclosed the September 2013 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

Effluent parameters sampled throughout month were within permitted limits.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours

Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.

Glenn Grieb Plant Manager

Enclosure

Cc:

Martha Goodwin - NJDEP

Stephen Joyce – SC Holdings, Inc. Carl Januszkiewicz - SC Holdings, Inc.

John A. Bocchino, Jr. - Weston & Sampson Services, Inc.

294324

Date_	October 22, 2013		ı	D	ate			(Oct	obe	r 22	2, 2	013	3			
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<u>OPERA</u>	TING EXCEPTIONS DETAILE	D															
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	Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	_	16
	Licensed Operator Others	2	8	8 24	0 16	8 12	6 16	8	2	8 16	8 16	8	16	8 8	4	2	8

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Day of Month

Licensed Operator

Others

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

·	Ę	NJPDES NO. NJ Permit Equivalent	REPORTING PERIO M o. Y r. M o. 0 9 1 3 0 9	Y r.
PERMITTEE:	Name: Address:	SCA Services, Inc. 383 Meadow Road Edison, New Jersey 08817		
<u>FACILITY:</u>	Name: Address:	Kin-Buc Landfill 383 Meadow Road Edison, New Jersey 08817		24
	Telephone:	732-572-4743		
FORMS ATTACHE	D (Indicate Quant	ity of Each)	Operating Exceptions	1
SLUDGE REPORT T-VWX-007 EPA Form 3320	T-VWX-008 T-\	/WX-009	DYE TESTING	YES NO
			TEMPORARY BYPASSING	<u>x</u>
SLUDGE REPORT			DISINFECTION INTERRUPTION	_ <u>x</u>
WASTEWATER R	EPORTS T-VWX-012 T-\	/WX-013	MONITORING MALFUNCTIONS	<u>X.</u>
GROUNDWATER	REPORTS		UNITS OF OPERATION	<u>x</u>
) T-VWX-016_	_ T-VWX-017	OTHER	_ <u>x</u>
NPDES DISCHAR	-,,,		(Detail any "Yes" on reverse side in	appropriate space.)
			NOTE: The "Hours Attended at Pla this sheet must also be completed.	nt" on the reverse of
or supervision in a or those persons d and belief, true, ac	occordance with a s irectly responsible curate, and comple	ystem designed to assure my ir for gathering the information, th	t and all attachments were prepared under equiry of the person or persons who mana- rie information submitted is, to the best of r ignificant penalties for submitting false infins.	ge the system my knowledge
LICENSED OPER	ATOR		PRINCIPAL EXECUTIVE OFFICER DULY AUTHORIZED REPRESENT	
Name (Printed) Grade & Registry N	Glenn Grieb No. N-4; 002121	Musik	Name (Printed) Glenn Grieb Title (Printed) Plant Grieb Signature	s Manifiger

PERMITTEE: NAME/ADDRESS

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

EDISON, NEW JERSEY 08817

FACILITY LOCATION KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER

001 DISCHARGE NUMBER

			MONITORING PERIOD			
YEAR	MO	DAY		YEAR	MO	DAY
13	09	01	[13	09	30

PARAMETER		Q	UANTITY OR LOADING		-	QUALITY OR CONCENTRA	TION	-	NO.	FREQUENCY		SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
FLOW	SAMPLE MEASUREMENT	0.022993	0.034219	MGD	*************************************		******	***	***	continuous	flov	/ meter
	REQUIREMENT	REPORT	ONLY		***************************************		******			continuous	flov	meter
рН	SAMPLE MEASUREMENT	*****	****	***	8.31	****	8:72	S .U.	0	1/week	(grab
	PERMIT. REQUIREMENT				60		90			Weekly)rab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	****	***	***	****	0.43	0.4			0/		b
	PERMIT REQUIREMENT		******		terrenta	10	18	mg/l		2/month	13	ırab ırab
COD	SAMPLE MEASUREMENT	19.07	19.33	kg/day	******	171.0	173	mg/i	0	2/month	c	omp.
	PERMIT REQUIREMENT	REPORT	ONLY		***************************************	REPORT	ONLY			2/month		omp.
BOD	SAMPLE MEASUREMENT	*******	****	***	- 由有外有自由效应	1.70	1.70	mg/l	0	2/month		omp.
	PERMIT REQUIREMENT	•••••	•••••			56	220			2/month		omp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.60	1.06	kg/day	*****	5.35	9.80	mg/l	0	1/week	a	omp.
	PERMIT. REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	1 44	omp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	****	*****	***	6.81	****	***	mg/l	0	1/week		grab
	PERMIT REQUIREMENT		A CONTRACTOR OF THE PARTY OF TH		4 0 MIN. Instantaneous	-4				weekly		rab
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	1 ' '	I have personally examined and I only inquiry of those individuals imm			1/10	() - a		TELEPHO	NE]	ATE
Glenn Grieb		the information, I believe the subr				P(// _a . !	KI.L					
Project Manager		•	submitting false information, inclu			I XXXIII I	YUU -	732	572-474	3	13 1	0 22
, , ajam, , , , , , , , , , , , , , , , , , ,		imprisonment. See 18 U.S.C. 10	01 & 33 U.S.C. 1319.	(Penalties un	der these statutes may.	SIGNATURE OF PRINCIPAL	EXECUTIVE	AREA		 		
TYPED OR PRINTED		. ·	r maximum imprisonment of betw	•	•	OFFICER OR AUTHORIZE		CODE	NUM	BER	YEAR I	AO DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIC	ONS .	(REFERENCE ALL ATTACH	MENTS HERE)				· · · · · · · · · · · · · · · · · · ·		•			

PAGE_1_OF_6

PERMITTEE NAME/ACCRESS

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER
DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | | 13 | 09 | 30 |

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PARAMETER		Q	UANTITY OR LOADING			QUALITY OR CONCENTRA	TION		NO. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM:	UNITS	;	ANALYSIS	
BENZENE	SAMPLE MEASUREMENT	<0.0000124	<0.0000160		******	0.11	0.14	ug/L	0	2/month	grab
	PERMIT. REQUIREMENT	0.000	002	kg/day		57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000134	<0.0000149	kg/day	******	<0.12	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058			142	380		: !	2/month.	grab
,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000145	<0.0000149	kg/day	******	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT. REQUIREMENT	0.008	0.009			22	. 59		,	2/month	grab
THYLBENZENE	SAMPLE MEASUREMENT	<0.0000112	<0.0000114	kg/day	******	<0.10	<0.10	ug/L	. 0	2/month	grab
	REQUIREMENT	0.022	0.058			142	380			n 2/month	grab
ETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000112	<0.0000114	kg/day	******	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025			52	184			2/month	grab
OLUENE	SAMPLE MEASUREMENT	<0.0000167	0.000172	kg/day	******	<0.15	<0.15	ug/L	. 0	2/month	grab
	PERMIT, REQUIREMENT	0.004	0.011			28	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2/month	grab
,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000145	<0.0000149	kg/day	******	<0.13	<0.13	ug/L	. 0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		•	4	A 80			2/month	grab
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER		personally examined and I am familiar w			1/10	11 -0		TELEPH	ONE	DATE
Glenn Grieb Project Manager		the information, I believe the submitted	uiry of those individuals immediately resp information is true, accurate, and comple Iting false information, including the pos	ste. I am aware t	thest	1 Delan	n Krub		572-474	3	13 [10 22
		imprisonment. See 18 U.S.C. 1001 & 2			r these statutes may	SIGNATURE OF PRIN	CIPAL EXECUTIVE	AREA	-		
TYPED OR PRINTED	WOLATIONS	include tines up to \$10,000 end or max (REFERENCE ALL AT	Smarn Imprisonment of between 6 month	a and 5 years)		OFFICER OR AUTHO	RIZED AGENT	CODE	ŅÚ	IMBER	YEAR MO DAY

NAME ADDRESS

SCA SERVICES, INC. 383 MEADOW ROAD EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN:

KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER: 001 DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 13 09 30 13 09 01

PARAMETER	9	Q	UANTITY OR LOADING			QUALITY OR CONCENTRA	TION		NO. EX	FREQUENCY	. s.	AMPLE TYPE
	.	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	i .	
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000100	<0.0000103	kg/day	******	<0.09	<0.09	ug/L	0	2/month	g	rab
	PERMIT REQUIREMENT	0.004	0.010			26	69			2/month	1	mb l
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000160	<0.0000164	kg/day	******	<0:14	<0.14	ug/L	0	.1/week	g	rab
	PERMIT REQUIREMENT	0.008	0.018		· · · · · · · · · · · · · · · · · · ·	52.8	106			weekly	,	rab
ACENAPHTHYLENE:	SAMPLE MEASUREMENT	<0.0000040	<0.0000041	kg/day	*****	<0.038	<0.038	ug/L	Ö	1/month	g	rab
.,	PERMIT REQUIREMENT	0.00026	0.00052		*******	1.72	3.43			monthly		ireb .
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000050	<0.0000051	kg/day	******	<0.04	<0.05	ug/L	0	1/month	g	ırab
	PERMIT REQUIREMENT	0.00026	0 00052			172	343			monthly	1110	rab .
BENZO(A)PYRENE:	SAMPLE MEASUREMENT	<0.0000067	<0.000070	kg/day	*******	<0:080	<0.081	ug/L	0	1/month	g	rab ·
	PERMIT REQUIREMENT	0.00026	0.00052			12.72	3.49			monthly	9	rab .
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000117	<0.000126	kg/day	******	<0:105	<0.110	ug/L	0	1/month	g	rab .
	PERMIT REQUIREMENT	0.00028	0.00052			100	1 1343			monthly	13.10	20 下针 特别的对象对
BENZO(K)FLUORANTHENE	SAMPLE MEASUREMENT	<0:0000049	<0.000050	kg/day	*****	<0.044	<0.044	ug/L	0	1/month	. g	ırab
	PERMIT REQUIREMENT	0.00026	0.00052		A STATE OF THE STA	A	1 3.43			monthly		neb 🚉
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER	I certify under penalty of law that I have	personally examined and I am familiar w	Ath the informati consible for obtai			11,		TELEPH	ONE	D/	ATE
Glenn Grieb Project Manager		the information, I believe the submitted to there are significant possities for submit	information is true, accurate, and completing false information, including the post	ete. I em aware sibility of tine an	that d	Xlen	y Bruk		572-474	3	13 10	0 22
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATION		Imprisonment. See 18 U.S.C. 1001 & 3 include fines up to \$10,000 and or maxi (REFERENCE ALL ATTACH)	imum imprisonment of between 6 month	,	or those statutes may	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		AREA CODE	NUM	BER	YEAR	MO D/

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PERMITTEE NAME/ADDRESS

NAME

SCA SERVICES, INC. 383 MEADOW ROAD

EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN:

ADDRESS

KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 13 09 30 13 09 01 TO

PARAMETER			QUANTITY OR L	OADING.		QUALITY OR CONCE	NTRATION		NO. EX	FREQUENCY	SAMPLE TYPE
<u> </u>		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	<u> </u>	ANALYSIS	
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000218	<0.0000229	kg/day	*****	<0.195	<0.200	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		•	172	343			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0:0001857	<0.0003637	kg/day	*****	<1.587	<3.1	ug/L	0	1/week	grab
	PERMIT. REQUIREMENT.	REPORT	ONLY		**************************************	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000018	<0:0000018	kg/day	******	<0.016	<0.016	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0 000133	0:00026			0.0875	0.176	200 M		monthly	grab
4;4-DDT	SAMPLE MEASUREMENT	<0.0000031	<0.0000032	kg/day	*****	<0.027	<0.027	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	Q000148		******	038	0.765			weakty	grab
PCB-1242	SAMPLE MEASUREMENT	<0:0000073	<0:0000088	kg/day	*****	<0.06	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		***************************************	REPORT ONLY	0.5(2)		,	Weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000087	<0.0000090	kg/day	****	<0.08	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000085	<0.0000088	kg/day	***************************************	<0.07	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		********	REPOR ONLY	1 1 1 1 1 1 1 1 1 1			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER	I certify under penalty of law tha	t I have personally examined ar			11,	11, -		TELEPHO	NE	DATE
Glenn Grieb Project Manager		submitted herein, and based on the information, I believe the sul there are significant penalties fo	pmitted information is true, accuration, in	urate, and com including the po	plete. I am aware that essibility of fine and	Ales	y Dut		572-474	3	13 10 22
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATION		Imprisonment. See 18 U.S.C. 1 include fines up to \$10,000 and (REFERENCE ALL ATTAC	or maximum imprisonment of be	•	fer these statutes may ns and 5 years)	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		AREA CODE	NUM	BER	YEAR MO

PAGE__4__ OF__6__

PERMITTEE NAME/ADDRESS

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001 DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | 13 | 09 | 01 | TO | 13 | 09 | 30 |

PARAMETER		Q	UANTITY OR LOADING			QUALITY OR CONCENTRA	TION		NO.	FREQUENCÝ OF		SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PCB-1260	SAMPLE MEASUREMENT	<0.000085	<0.000088	kg/day	******	<0.07	<0.08	ug/L	0	1/week		grab
ARSENIC	REQUIREMENT SAMPLE MEASUREMENT	0.0008873	0.0008125	hattan	*******	REPORT ONLY	0.5(2) 7.10	ug/L	0	weekly,		grab
	PERMIT REQUIREMENT	0.013	0.028	kg/day		85.8	172	ugr		weekly		comp
CADMIUM	SAMPLE MEASUREMENT	<0.0002173	<0.0002229	kg/day	*******	1.9	1.9	ug/L	0	1/week		comp
	PERMIT RECHREMENT	0.0073	0.017	,,,,,,,		46.2	112			weekly		CONTRO
CHROMIUM	SAMPLE MEASUREMENT	0.0004574	0.0004693	kg/day	*******	4.00	4.00	ug/L	0	1/week		comp
	PERMIT RECURREMENT :=	0.030	-0.060			198	396			weekly		oagno .
COPPER	SAMPLE MEASUREMENT	0.0004146	0.0004947	kg/day	*******	3.6	4.8	ug/L	0	1/week		comp
	PERMIT. RECHIREMENT	REPORT	ONLY			REPORT ONLY	101			weekly	建筑	COMP
LEAD	SAMPLE MEASUREMENT	0.0001372	0.0001408	kg/day	******	1,20	1.20	ug/L	0	1/week		comp
	PERMIT REQUIREMENT	REPORT	ONLY			REPORT ONLY	104		i i	weakly		comp
NICKEL	SAMPLE MEASUREMENT	0.0038528	0.0039535	kg/day	******	32.0	33.7	ug/L	0	1/week		comp
	PERMIT REQUIREMENT	0.140	0.281		•	M	A 1850			weekly	W 300 3 (4)	comp
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER		have personally examined and t			ľ // / / /	111		TELEPHO	NE		DATE
Glenn Grieb Project Manager		submitted herein, and based on r the information, I believe the sub- there are significant penalties for	nitted information is true, accurate submitting false information, inclu	e, and completeding the possi	e. I am aware that blity of fine and	Dlen	Duet		572-474	3	13	10 22
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATION		imprisonment. See 18 U.S.C. 10 include fines up to \$10,000 and of (REFERENCE ALL ATTACH	r maximum imprisonment of betw	•		SIGNATURE OF PRINCIPA OFFICER OR AUTHORIZE	/	CODE	NUM	BER	YEAR M	O DAY

PAGE__5__ OF__6__

PERMITTEE NAME/ADDRESS

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN: KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT 001
PERMIT NUMBER DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | | 13 | 09 | 01 | TO | 13 | 09 | 30 |

PARAMETER		٥	UANTITY OR LOADING			QUALITY OR CONCENTRA	TION		NO.	FREQUENCY OF		SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		_
ZINC	SAMPLE MEASUREMENT	0.0017497	0.0017949	kg/day	**************************************	15.3	15.3	ug/L	0	1/week	Name of the	comp
	PERMIT REQUIREMENT	0.177	10.358			1170	2350			weekly		comp
CYANIDE	SAMPLE MEASUREMENT	<0.0004574	<0.0004893	kg/day	*****	4.0	4.0	ug/L	0	1/week		comp
	PERMIT REQUIREMENT	0:002	0.004			132	284			weekly		comp
ALUMINUM	SAMPLE MEASUREMENT	0.0376724	0.0829532	kg/day	*******	334.8	579.0	ug/L	0	1/week	•	comp
	PERMIT: REQUIREMENT	140.	281			9240	18500	4		weekiy		comp
IRON	SAMPLE MEASUREMENT	0.0156497	0.0176139	kg/day	*****	137.3	162.0	ug/L	0	1/week	·	comp
	PERMIT REQUIREMENT	80.6	162			632000	1070060	38		weekty		comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	>100%	.4022000	*******	%	0	_		
	PERMIT. REQUIREMENT				50(3)			and the state of t		see parmit	•	quivalent
Ammonia	SAMPLE MEASUREMENT	******	******		*******	0.155	0.180	mg/i	0	******		******
•	PERMIT REQUIREMENT	*******	******			49	(0.0)	and a second		2/month		comp
	SAMPLE MEASUREMENT	***************************************	******		******	******		***	***	*******		******
	PERMIT. REQUIREMENT	*********	HE THE PARTY OF TH		Januarian Cara	-A-	1		: :			
NAME/TITLE PRINCIPAL EXECUTIVE OF	NAME/TITLE PRINCIPAL EXECUTIVE:OFFICER I certify under penalty of law that I have personally examined and am familiar submitted herein, and based on my inquiry of those inclividuals immediately re					1 11.	1//		TELEPHO	NE		DATE
					=	I WII	$\mathcal{M}_{\mathbf{A}} = I$.]			l	
Glenn Grieb the information, I believe the submitted information is true, accurate, and com Project Manager there are significant penalties for submitting fatse information, including the po						NV 9 11.	u KVILLE	732	572-474	3	13	10 22
i rojeot managen		imprisonment. See 18 U.S.C. 10	<u> </u>		ider these statutes may	SIGNATURE OF PRINCIPA	EXECUTIVE	AREA	U.E. 717		 '`` 	
TYPED OR PRINTED			er maximum imprisonment of betwe		•	OFFICER OR AUTHORIZE	,	CODE	NUM	BER	YEAR	MO DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATION	IS	(REFERENCE ALL ATTACH	IMENTS HERE)			•						



NJPDES BIOMONITORING REPORT FORM-ACUTE TOXICITY



Permit Number #: Permit Equivalent

DSN: 001

Facility name:

Kin-Buc Landfill

Facility address:

383 Meadow Road

Edison, NJ

Facility contact person:

Glen Grieb

Phone number:

732.561.7600

Acute toxicity laboratory:

QC Laboratories Aquatic Toxicology Division

60 James Way, Unit #6 Southampton, PA 18966

/NELAC certification number:

PA034

Test Specifications:

Effluent Type: Final

Test Type: Modified static renewal (24-hour)

Test Results:

Test Start: 09/10/13 14:00

Test End: 09/14/13 13:55

Test endpoint: LC50

Highest percent mortality in top test concentration: 20.0%

REPORT THIS VALUE......>100%

95% Confidence Interval: NA

Test organism:

Mysid Shrimp

Mysidopsis bahia

common name

scientific name

Quality Control Summary

Control Mortality (%): 0.0%

Temperature maintained within 20 +/- 1 °C? Yes

Dissolved Oxygen Levels always greater than 40% saturation? Yes

Two or more concentrations exhibit a trend deviation?

Certification:

Accuracy of report certified by:

boratop Director

Test Organism Data:

Test organism source: Marinco

Test Organism Acclimation:

Is the culture water and test dilution water the same, and are the culture water temperature and dilution water temperature identical? No

Mysid, Daphnids and Cladocerans:

Initial number of organisms: 150

Test organism age at start of test (days): 4 days

Culture water source: 40 Fathoms Culture water salinity: 25 ppt Culture water temperature: 25°C Dilution water source: In-house

Dilution water salinity upon collection: 24.3 ppt Dilution water temperature upon collection: NA

Number of mortalities: < 5%

Test Design:

Number of effluent test concentrations: 5 Number of replicates/test concentration: 4 Number of test organisms/replicate: 5

Volume of liquid in test chambers (liters): 0.20

Flow-through bioassay exchange rate (cycles/day): NA

Effluent sampling:

Plant sampling location: Final effluent just before weir.

Effluent type: Final. Discharge: Continuous

Effluent sample type: 24 hour composite

						al Param			Use in	•	Holding
Effle	uent San	nple Collecti	on		In	Laborate	ory] Tes	sts	Time
Begin	ning	Endi	ing	temp		d.o	Cond	Chlorine			(first use)
date	time	date	time	°C	pHi / pHs	mg/L	umhos	ppm	date(s)	time(s)	hours
09/08/13	8:00	09/09/13	8:00	5.0	8.47	8.7	9800	< 0.1	09/10/13	14:00	30:00
09/09/13	11:00	09/10/13	11:00	5.0	8.38	8.4	9850	< 0.1	09/11/13	14:15	27:15
09/10/13	12:00	09/11/13	12:00	5.0	8.37	8.4	9860	< 0.1	09/12/13	14:10	27:55
09/11/13	14:15	09/12/13	14:15	5.0	8.55	8.9	10440	<0.1	09/13/13	14:05	23:50

Testing location: QC Laboratories

Effluent Sample Adjustments

Were any salinity adjustments made? Yes

If yes, specify the source of sea salts, brine or water used: Dry 40 Fathoms (biotechnical grade)

Were any pH adjustments made? No.

----pH / Chlorine Adjustment-----

,	Volume	pH prior	Salinity	pH after	mĨ's 0.2Ñ	pH after	TRC	Amt. STS	TRC after
Sample Used	Adjusted	to Salting	ppt	Salting	HCI Used	Adjustment	sample	added (mgs)	Addition
							***************************************	i	
							-		
							Fin Ct		
							and the firm is		

Was the effluent sample filtered in any manner? No

If yes, please specify the mesh size:

Were any adjustments to the level of chlorine made? No.

If yes, specify the dechlorination agent used and the amount of reagent used: NA

Specify the chlorine levels prior to and after addition of the reagent: See data above.

Was an additional control included in the test containing the dechlorination agent? Yes, added to Control B.

Dilution Water:

Effluent receiving water: Raritan River.

Dilution water source: 40 fathoms

If a substitute dilution water was used, had its use been approved by the NJDEP in the

acute methodology questionnaire?

Collection location: In-house

Collection date(s): NA

0 hour 24 hour 48 hour 72 hour 96 hour

LC50/EC50 (% effluent)

>100% >100% >100% >100% >100%

Calculation method: No measurable acute toxicity.

Is the calculated LC50/EC50 valid according to the specifications of the method used? Yes

Miscellaneous:

Were any exposure chambers aerated during the test? No

If yes, specify concentrations and duration, including the lowest percent saturation reached prior to aeration and at what time:

Were the test organisms observed for appearance and behavior at least daily? Yes

Physical/Chemical Data

<u> </u>	/IHFW Dil	ution Wate	er	ggrad amountaining to the second	100%	Effluent	
Sample	Alkalinity	Hardness	Ammonia*	Sample	Alkalinity	Hardness	Ammonia*
Sequence	mg/L	mg/L	ppm	Sequence	mg/L	mg/L	ppm
D001	108	NA	NA	E001	469	NA	< 0.1
				E002	456	NA	< 0.1
				E003	379	NA	< 0.1
				E004	422	NÄ	< 0.1

^{*}Ammonia analysis perforomed by QC Laboratories Analytical Laboratory, Certification PA166, by method SM 20th ed. 4500-NH3D

Comments

Additional Comments:

^{**}Please note that the ammonia analysis is performed on composite samples unless otherwise noted.

Bioassay Deliverables Check List

		Yes	No	NA	Reviewer
1.0	Dates of testing match raw data				14
2.0	Facility Name, NPDES Number, DSN Number Complete	ď			
3.0	Control mortality less than 10% for acutes or less than 20% for chronics				
4.0	Temperature maintained within 1°C for acute and chronic studies				\perp
5.0	Dissolved oxygen levels always greater than 40% saturation			Þ	
6.0	Test design complete	a			
7.0	Effluent sampling section complete and holding times are less than 36 hours				
8.0	Dilution water sampling section complete				\perp
9.0	Chain of custody present	œ			
10.0	Test results complete and match statistics pages (if applicable)				\perp
11.0	For chronics are PMSD values within acceptable ranges for given species*			Ø	
1 <u>2</u> .0	Two or more concentrations exhibit a trend deviation				
13.0	SRT Data attached and current				
14.0	Approval for variance		0	4	
15.0	Lims Number at bottom center of page matches report number				
16.0	Serial Number correct				<u> </u>

* Acceptable PMSD Values

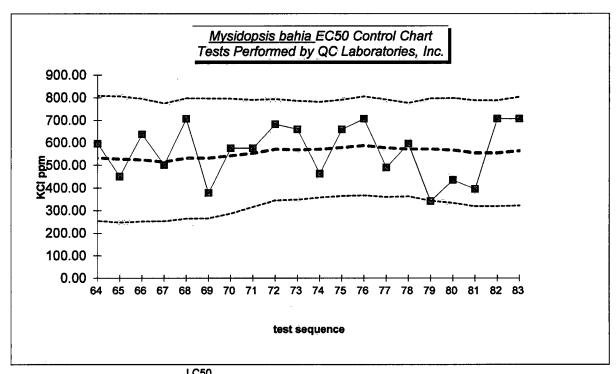
Test Method	Endpoint	10th PMSD	90th PMSD
Fathead Minnow	Growth	12	30
Ceriodaphnia dubia	Reproduction	13	47
Sheepshead Minnow	Growth	6	23
Mysid Shrimp	Growth	11	37

QA Review: Date: 02713

Printed Name: Date: Date

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		LC50					
Date	test number	ppm	MEAN	UCL 2SD	LCL 2SD	STDV	STDVX2
10/11/2011	64	594.60	531.22	808.24	254.19	· · · · · · · · · · · · · · · · · · ·	
1/10/2012	65	450.63	526.96	806.29	247.62		
4/10/2012	66	637.28	523.46	794.96	251,97		
7/31/2012	67	500.33	514.33	775.31	253.35		
9/5/2012	68	707.11	530.74	797.09	264.39		
10/9/2012	69	378.25	531.20	796.40	265.99		
11/6/2012	70	574.35	541.49	795.86	287.13		
12/4/2012	71 .	574.35	553.01	790.00	316.01		
1/8/2013	72	683.02	569.48	793.55	345.41		
2/7/2013	73	659.75	567.11	786.00	348.22		
3/5/2013	74	462.71	569.84	781.63	358.05		
4/9/2013	75	659.75	577.44	790.75	364.14		٠
5/7/2013	76	707.11	586.52	805.89	367.15		
6/4/2013	77	489.11	575.62	791.40	359.84		
7/9/2013	78	594.60	569.99	777.03	362,96		
8/6/2013	79	341.51	570.05	796.70	343.40		
8/28/2013	80	435.28	566.29	798.94	333.64		
8/28/2013	81	395.26	553.29	787.94	318.65		
9/4/2013	82	707.11	553.29	787.94	318.65		
9/4/2013	83	707.11	562.63	803.36	321.90		
	cv	21.4%					





EF		עי 2007.0-	ACUIE IE	:STING V	VIIH AMERIC	CAMYSIS BAHIA
Study Number:	4758	95		Client:	Km-Buc	,
Protocol: EPA/8	21-R-02-012 NJ			Water B	ath/incubator: 20	'o
Date Initiated:	9-10-13			Time Init	tiated: 1/400	
Date Terminated:	9-14-13			Time Ter	rminated: 1355	
Test Duration:	24-hour 48-hour	72-hour (9	6-hour Other:	•		
Test Type:	6-hour static renew	al 2	4-hour static ren	ewal	static-no renewal	
	flow-through/dilutor	used:		other:		
Test Material:	Effluent	Receiving Wa	ater	Non Cont	tact/Contact Cooling	y Water
	Pure Compound:			SRT Solu	ıtion / Lot #:	
	Other:					,
Dilution Water:	Receiving Waters:			Synthetic	/Lot#: Salt/	SWLY 072613
Test Concentration	ns: control	20	to 60	<u>80</u>	100	
Salt Added to Efflu	reni(V) N	_	3 4 25 ppt	3	0 /	8 units
out ready to mind	N.	rest Saminty.	25 PP !	Brand of A	Artificial Sa <u>lt</u> s Used:	40-Fathoms Other:
Test Volume(ml's):	100 (200)	250 500	0 1000	other:		
Number of Replica	tes: 2 4 5 other	ər:	Number	of Organisms	s / Replicate: 5	10 other:
Test Temperature (°C): 20	22 25	other:			
Test Species:	Mysid Shrimp	<u>My</u> :	sidopsis bahia			
Source: In house	1	Cor	nmercial Supplie			
Lot Num	ber: MYNCBL090Co	<i>B</i> Age	at test initiation	: Hday	recupi	Age range: 24/11D
Original Number of	Organisms Acclimated:		Q	red Ó	recupi	
Acclimation Initiated Date:	: Time:	Ti °	C:	рНі	D.O.i	Sal.i
Acclimation Termina Date:	ited: <i>Time:</i>	Tf °	C:	рНf	D.O.f	Sa <u>l.f</u>
Time Organisms rem	nained in 100% Dilution	Water:		% Dead:		
Time Organisms Add	ded to Test Chambers:					
Comments		1	/			
			/			
		///	/	\angle		
						abohan
	VERIFICATION OF LA	BORATORY DI	RECTOR		•	DATE

05 Industrial Blvd. P.O. Box 514 Southampton, PA 1896-0514 Toll Free: 800-289-8378 Phone: 215-355-3900 Fax: 215-355-7231 www.qclaboratories.com



MORTALITY/BEHAVIORAL OBSERVATIONS INVERTEBRATE TESTS

CONC	() hours	24	/ OB hours	SERVATION 4	ON TIME FR	ROM T≒0 <i>TZ</i>	hours	a	/ n
(%)	alive	obs	alive	obs	alive	obs	alive	nours obs_	_/(alive	
Control	5	_ / N	5	IN	5	N	15	I N	1 5	1
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									11	
70			 							
	-									
11				 						
40	-	 	 			+				
		- 	 	 	1		 			/
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40			1		1	- - 	-	+	 	
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			14.	<u> </u>	141	e l	1405		135	5
Sample Osed	<u> </u>			<u></u>						
	20 40 60 60 100 Signature Date Renewal Time	20	Signature Date Renewal Time A A A A A A A A A A A A A	1/0	20 40 40 40 40 40 40 40 40 40 40 40 40 40	## AS	20 40 40 60 100 100 Signature Date 9-10-13 9-12-13 Renewal Time 1400 1415 1416	## ## ## ## ## ## ## ## ### ### ### ##	## ## ## ## ## ## ## ## ## ## ## ## ##	## ## ## ## ## ## ## ## ## ## ## ## ##



Physical/Chemical Parameters Sheet

Study Number:

T=0/2	4 Hrs	temp	do	pН	Sal	gon /, \
·/.		°C	mg/ī	units	ppt	unihos (XIOO)
control	initial	27.0	8.5	8.14	24-0	
	final	21.0	7.2	8.07	14.3	
100	initial	21.0	8.5	8.30	2460	
20	final	21.0	7.3	8.34	25.1	
40	Initial	40	8.5	8.37	25.1	
70	final	21.0	7.4	8.51	2510	
(-0	initial	2/0	8.7	8.40	257	
60	final	210	7.5	8.59	20.2	- -
20	initial	21.0	8.60	842	26.2	
80	final	21.0	7.4	8.62	26.4	- -
1.00	initiai	210	8.60	8.49	20.5	
100	final	21.0	7.5	8.62	26.9	- -
	Initial			0,02		1-1
	final					
Initials	48 1	13 1	comments			1
Date	9-10-139	1-13				
Time	14001	1415				ł
Therm. ID	CP139 (P1421				
						J
T=48/72	Hrs	temp	do	pН	Sal	con /yım

T=24/48	Hrs	temp	do	pН	Sal	don	
		°C	mg/l	units	ppt	unthos	(KIO
control	initial	21.0	7.8	8.34	23.8	1	7
	final	21.0	7.8	8.25	23.9	11	1
00	initial	21.0	7.9	8.50	24.7		1
20	final	21.0	7.9	8.48	249		
40	initial	21.0	7.9	8.55	24.6		
	final	21.0	7.8	8.60	25.2		
60	initial	4.0	7.9	8.57	249		
00	final	21.0	77	864	255		
80	initial	21.0	8,0	8.57	25.0		
	final	21.0	77	8.64	25.9		
im	initial	21.0	7.8	8.57	253		
100	final	21.0	7.6	8.60	26.0		
	Initial						
	final						
iltials	48	ASI	comments				
ate 9.	11-139	1-12-13			•	- 1	
me /	7151	1416 f					
nerm. ID	1421	P139				- 1	

T=48/72	Hrs	temp	do	pН	Sal	con
<u>'./. </u>		°C	mg/l	units	ppt	umhos
control	initial	21.0	8.5	8.50	24.5	
	final	21.0	7.5	F.20	24.8	
00	initial	21.0	87	8.30	24.60	
20	final	21.0	7.6	8.29	249	
40	initial	21.0	8.6	8.12	25.0	
70	final	21.0	7.5	8.35	25.5	
10	initial	21.0	8.6	8:14	753	
60	final 2	1.0	7.5	8.35	259	
Po	initial	7.0	8.6	8.07	25:7	
80	final	1.0	7.5	8:31	263	
1-0	initial 2	10	F.Z	8.01	26.1	
100	final 2	1.0	76	821	209	
	initial			<i>D-</i> <u></u>	24	
	final					
nitials A	8 1	f	comments	t		-+
ate 9-	12-139	13B				
me /	41011	In/s				
nerm. ID	139 0	0139				i

7	1=/2/96	Hrs	temp	do	рH	Sal		on	_
)	/.		°C	mg/l	units	ppt			(xia)
	control	initial	21.0	7.8	8.48	143		<u> </u>	
		final	210	7.5	8.12	25.3			1
	20	initial	21.0	8.0	852	24.3	П		1
	20	final	110	7.5	8.15	25.4			ĺ
	40	initial	1.0	8.0	8.52	24.2			
	70	final	al.0	76	8.18	25.5			
	60	Initial	1.0	8.0	8.52	24.2			
	00	final 2	31-0	7.6	8.21	257			
1	80	inițial	21.0	8.0	852	24.2	\neg		
- [final	11.0	7.6	8.28	25.8			
1	100	initial	7.0	7.8	8.52	24.3	T		
1	100	final 6	10	7.5	£33	26.1	T		
1		iņitial							
1		final							
1	nitials A	y c	BE F	comments					
	Date 9-/	3139	14-131						
-	Ime 14	15 113	355 f						
Ţ	herm. ID	139 CI	713St				_		
		•						-	



Study: 4758095

RANDOMIZATION BOARD TEMPLATES 6x4

Randomization Template 6x4-A 3B 3C Randomization Template 6x4-C 2B 6C 2D

Rand 5A	lomization	Templat	e 6x4-B	
(6B)	(1C)	(4A)	5D	
(6C)	(2B)	3D	(6D)	
(4B)	6A	(3B)	(5B)	
(4D)	(3A)	(2D)	1B	
(2C)	(1A)	(5C)	4C	
Rando.	mization T			
4A)	(2B)	(6C)	(1B)	
6A	(2C)	(5B)	(3D)	
(3B)	(1A)	(2A)	(5A)	
(5D)	(1D)	(3A)	D	
(2D)	4B	(1C)	(3C)	



ORGANISM LOG-IN SHEET

Date / Time of Receipt: 9-10-13 //030

Person Accepting: Tara Gallagher

Organism Source: MBI

species: Mysidopsis bahia

Date Born / Age / Lot Number: 9-6-13/4days /MYMBL090613, 9-3-13/7days /MYMBL090313

Percent Mortality at Receipt: ∠1%

41%

Organism Stress at Receipt:

stressed due to:

low do

other

Initial Measurements at Organism Receipt:

Temp (°C): 21.9, 21.9

Salinity (ppt): 19.7, 19.5

DO (mg/L): 12.7, 12.0

pH: 7.64, 7.56

Alkalinity (mg/L):

Hardness (mg/L):

Designated Culture Tank:

Designated Study(s):

Are Parameters within 10% of Intended Culture System:

Date / Time Organisms added to Culture System:

Check for Parasites: + / ()

Check for Fungal or Bacterial Disease: + / ()

Were any Prophylactic Treatments used:

Y (explain):

Comments:



NELAP Certification # E84191

Shipment Record

State of Florida Aquaculture Certificate Number AQ0668007

Species O		1				
	uantity	Age	Brood/Lot Number	Temp.	pH (S.U.)	Salinity
	500	3 Days	MS130906	2.5	7.4	20
	550	60ass	MS130903	2.5	7.9	20
Menidia			1,304	7.0	- 1, 4	7.0
beryllina			1			
						Hardness
Cyprinella leedsi					<u> </u>	mg/L
		10111				
Pimephales 13 promelas	00	224hrs	FM130908-1500	25	7.8	80
Ceriodaphnia dubia						
Daphnia						
magna YCT						
P. subcapitata						
	7M					
Shipped Via: Fall	E	···				
Notes:						



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number:	47580	95		Facility I	Name or Co	ode: K	η - B	uc			
Test Type:	MAcute		□ Chronic	;	□Sedime	ņt	□Pure C	ompound	□Other		
Sample Number:	™ D001	□D002	□D003	□E001	□E002	□E003	, DE004	□E005	□E006		
	le is compris plit, assign A, I				7			Splits to	be homoge	enized:	·
Description of Sam	ple:	☐Effluent ☐Dilution	Waters		ntact Cooling water/pump a		□Contact □Other:	Cooling Wa	ter		
Location of Samplin	ng:	□Final (po □Receivin	st treatment g Waters)	OFinal-Pro	echlorinated		□Final-C □Other:	hlorinated		□Outfall Outlet
Sample type:		□Grab □Time Pro	portional		□24 Hour □Elow Pro	Composite portional			Hour Compos ated/Iced in F		
Sample Collection:		Date/Time Ini	tiated;				Date/Time T	erminated:		- 1 - 1 - 1 - 1 - 1 - 1	
		Was samp	oler chain-	of-custody	seal intact a	it sample re	etriėval:	□Yes	□No		
Volume of Sample:		Liters / Ga	llons		Container	Type:	□FDA Gra	de Plastic	□Glass	□Stainless	Steel
Storage and Transp	ort Condition	ıs:	□lced/Coo		Temp. (°C) ported to Lab	upon collect	ion: DOvernigh	t Courier			
Relinquished by Sampler:			Date	Time	Received By:		······································		Date	Time.]
Relinquished by:			Date	Time	Received By:				Date	Time	
Relinquished by:			Date	Time	Received By:				Date	Time	
Condition of Sample Sample Refrigerated			☐Contained	<u>.</u>	□Accepted		□Comprom	ised / Explai	n below	□Rejected ,	/ Explain below
* SWLGO	72613				Sample Da	ta and Use	•				
temp (°C) pH	nitial Sample Da		TRC (ppm)			Toxicity Test		Sample		Sample T	erminated
20 9 8:10	7. >	3740	Co-1	Da	e(s)	110.	e(s)	Split ID	De	ite	Time
Notes:		<u> </u>									
Salmit	V ~ 2	3.60	pl			ent and				VI	
*Gonductivity measured in u	mhos; salinity me	easured in o/oo				e march es la re-				ى النب دن دستوسس	
Sample Manipulation	s:	DSalted									
		□pH Adjuste	d i	mL's 0.1 N H	CL		mL's 0.1 N N	aOH	.	OFinal pH	
		□Äerated/Du		□Supersatu			% of Sat. / fina			mg/L	
	ı	□Dechlorinat	ed		nigs annydrol	us sodium th	iosultate used	ı per liter (sh	ow math belo	w or back)	
Comments:											

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1205 Industrial Blvd. Southampton, PA 18966-0514	Phone: 215-35. Fax: 215-35.		Bill to/F	Report to: (if diff				·					_	LAB USE	E ONLY:	DW: DRINKING WATER
															corbic/HCli Vials # HCl Vials	GW: GROUND WATER WW: WASTEWATER
Client/Acct. No. AS0032 Address	1												4		a OH/Zn acetate pH	SO: SOIL
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FIELDID	** ***********************************		Date	Military Time	R C	Matrix Code	Total	н S	H Y C a	H W	Z	J B C C	П	The second second second	ANALYSIS REQUESTED	Field pH, Temp (C or F), DO, Cl ₂ , S. Cond. etc.
Efficient place	ila a co	90	8-13		1			4	I s	⁰³ H	Ĉ į	Ť				DO, 012, 3, Corld. atc.
DEFFUEIN 17 USC	Anorthe	- 4-	9.13	0800	-	let	4	H	+-	-	+	-	H	BIOAS	SAM	
41	<u> </u>				-	ļ	<u> </u>	\vdash	+	+	+		+			
		- -				-		\vdash	+	-	+	+	\sqcup			
5.		_				-	-	\vdash	+	+	+	\perp	\vdash			
					-		+		+	-	H	4	igoplus	-		
	· · · · · · · · · · · · · · · · · · ·	- -	· -			-	-		+	+	-	1	H		· · · · · · · · · · · · · · · · · · ·	
					+		-		$\perp \downarrow$	_			H			
	·				\perp	-	-		\perp		\bot	11	\sqcup			
			,,		_	-	<u> </u>		$\downarrow \downarrow$		\sqcup		Н			
SAMPLED BY: (Name/Çompany)					\perp											
	erbal/fax data due:		/	. /		oort For Standar							s 3 Dis	zk	Field Parameters Ar	nalyzed By:
A 100 /	Please call for pricing	and avai	ilability o	on rush (<14-2												Date/Tillie,
SAMPLE CUSTODY EXCHANG			ENTEL	BELOW. U	JSE	FULL									TARY TIME (24 HOUR GLOCK, IVE. 8AN	US 0800 4 PMUS #600)
RELINQUISHED BY SAMPLER 1 RELINQUISHED BY	9-9-13	TIME 1630	H	FCFINED BA	2.4	-				[DATE			TIME	DELIVERY METHOD: SOC COURIER CL	ENT Custody Seal Number
RELINQUISHED BY	DATE 10:13	TIME TOU	フ 1(COOLON ECEIVED BY	T,	کہ					9. 9 DATE		<u>3</u>	1630	UPS FEDEX OTHER COMMENTS:	99-13
2 RELINQUISHED BY	9-10-15 DATE	<u> 100</u> Time		ECEIVED BY				· <u>-</u>			ATE 9./	04	25		COMMENTS:	
3			3.								DATE			TIME		•
RELINQUISHED BY 4	DATE	TIME	RI	ECEIVED BY				_		C	DATE			TIME		
RELINQUISHED BY	DATE	TIME		ECEIVED BY	_					D	ATE			TIME		1 1 -
5	_1		5							_Ļ_				"	Hazardous: yes / no 300 A	JIAS IMED



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number:	47580	95		Facility	Name or Co	ode:	m-B	Buc			
Test Type:	M Acute		□Chron	ic	□Sedime	ent	☐Pure C	ompound	□Other		
Sample Number:	□D001	□D002	D D003	E E001	□E002	□E003	, □E004	□E005	□E006		
If sam (note: if	ple is compri split, assign A	sed of split B, Cto san	ts, will the s	plits be hon	nogenized p	rior to use:	:	Splits to	be homogenize	d:	
Description of Sar	nple:	☑Effluer ☑Dilutio	nt n Waters		ontact Cooling dwater/pump a		□Contact	t Cooling Wa	ater		
Location of Sampl	ing:		post treatmer ring Waters_	it)	DFinal-Pr	echlorinated		□Final-C	hlorinated	ДC	Outfall Outlet
Sample type:		□Grab □Time P	roportional	,	Di 24 Hoùr Di Flow Pro	Composite portional			Hour Composite rated/iced in Field		
Sample Collection:		Date/Time	Initiated:				Date/Time T	erminated:			
		Was san	npler chain-	of-custody	seal intact a	t sample re	l etrieval:	□Yes	□No		
Volume of Sample:		_Liters / G	allons		Container	Туре:	□FDA Gra	de Plastic	□Glass □St	ainless Steel	
Storage and Transp	oort Conditio	ns:	□lced/Cod □Field Co		Temp. (°C) ported to Lab	üpon collecti	on: □Overnigh	t Courier			
Relingüishad by Sampler:			Date	Time	Received By:	15	40	· · · · · · · · · · · · · · · · · · ·	Date Time		
Relinquished by:			Date	Time	Received By:	<u>~10m</u>	117)	 	9-10-13 7a		
Relinquished by:			Date	Time	Received By:				Date Time		
Condition of Sample Sample Refrigerated		•	Containe	1	Accepted		□Солпртого	ised / Explair	n below □Rej	ected / Expla	in below
	Initial Sample Da	to.			Sample Dat		l				
temp (°C) pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date	Dates used in e(s)	Toxicity Test Time	∍(s)	Sample Split ID	Sa Date	mple Terminate	ed Time
5.0 8.47	8.7	9,810	6.1	9.10 1	3	140			911.13	8 00	(iii)e
Notes:	-L	······································	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·
*Conductivity measured in u	mhan a linia										•
Sample Manipulation:		asured in 6/66									
		□pH Adjuste	ed 1	nL's 0.1 N H	CL	n	nL's 0.1 N Na	.Ou	F ** 1	-11	
-		⊐Aerated/Du		□Supersatur		-	of Sat. / final		☐Final eration:	pH mg/L	_
	1	2Dechlorina	ted _						w math below or ba		
Comments:											•

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	Phone: 215-355 Fax: 215-355		Bill to/R	Pileport to: (if diffe			_ 01	<u>1</u>					-1	LAB USE	E ONLY: corbic/HCl Vials # HCll Vials	DW: DRINKING WATER GW: GROUND WATER
Client/Acct. No. A50032	KIN-BL	اح													1 ₂ S ₂ O ₃	WW: WASTEWATER
Address	LANDA	-	Samplin	ng Site Address	(if di	ifferent)								# Na	OH/Zn acetate pH	SO: SOIL
					,								- 1		NO ₃ pH	SL: SLUDGE
City/State/Zip E01502	ND-						.,							•	S0 ₄ pH	OIL: OIL
Phone/Fax			P.O. N	lo.								-		#Na #Un		SOL: NON SOIL SOLID
Client Contact GLENN	G.		QC Cd	ontact					•					# Hcl	·	MI: MISCELLANEOUS
PROJECT			Coll	lection	G C	Matrix		Num	ber o	f Conf	tainers	3			mp control ID#	X: OTHER
FIELD ID			Date	Military Time	A M B P	Code	Total	H ₂	Y	H N a	2 U	B a C			ANALYSIS REQUESTED	Field pH, Temp (C or F), DO, Cl ₂ , S. Cond. etc.
EFPLIENT DISCUP	ref	4.	9-13	1100	X	whi	1	+	8	3 п	e a		ſ	310A59		
	Signal.		<u> </u>	100		000		1	$\dagger \dagger$	+	╁	$\dagger \dagger$	- -4	719517.	<i>30</i> 09	
4.					\top				$\dagger \dagger$	+	H	+	+			
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			·						\mathbb{H}	-	\vdash	H	+			
4					_			-	\dashv	\bot		-	_			· · · · · · · · · · · · · · · · · · ·
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		<u>. </u>					,									
	rbal/fax data due:					ort For									Field Parameters Analy	zed By:
$K \subseteq I \cap I \cap F$	rdcopy due:		/			tandard									Sig:	Date/Time:
7.36	ease call for pricing	and avail	lability o	on rush (<14-2	1 day) turnaı	round a	and e	on all	but:	stanc	ard fo	orma	t.		
RELINQUISHED BY SAMPLER	DATE	OCUME TIME	RE	DIBELOW, U			LEG	AL.	SIG	NAT	EUR ATE	Ξ, D/			TARY TIME (24 HOUR CLOCK, I.E. 8AM IS	
1 alea llog	101000			coolei	s }	6					9.	10-	12	TIME 1700	DELIVERY METHOD: TOTAL COURIER CLIENT	Custody Seal Number G-10-13
RELINQUISHED BY SAMPLER 1	DATE VIIIB	TIME 73K	RE	CEIVED BY	J_{l}	elu	_			D	ATF	//.	12	TIME 735	COMMENTS:	-1-10-1
RELINQUISHED BY	DATE	TIME	RE	ECEIVED BY						_	7/ ATE	11'5	4	<u>んつ</u> TIME	1	
3 RELINQUISHED BY	DATE	TIME	3	CEIVED BY		<u>. </u>										
4		. 11711-	4	-OEIVED DI						ט	ATE			TIME		
RELINQUISHED BY 5	DATE	TIME		CEIVED BY						D	ATE			TIME	Hazardous: yes / no	1 110
5			5	<i></i>	1				-						Hazardous: yes / no	TIASILLOS

For example to aid completion, see reverse side.



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study 1	Number:	47580	095		Facility	Name or Co	ode: K	n-13	uc			
Test Ty	vpe:	B Acute		□Chron	lc	□Sedime	nt	□Pure C	ompound	Other		
Sample	Number:	□D001	□D002	□D003	□E001	₩E002	□E003	, □E004	□E005	□E006		
	If samp	le is compri plit, assign A,	sed of splits B, Cto sam	s, will the s	plits be hon add Z if sampl	nogenized p	rior to use:		Splits to	be homoge	enized:	
Descrip	tion of Sam	ple:	☑Effluen □Dilution	-		ontact Cooling dwater/pump a		□Contact □Other:	Cooling Wa	ater		·
Location	of Samplin	ng:		ost treatmen ng Waters	t)	DFinal-Pro	echlorinated		□Final-C □Other:	hlorinated	□Outfall Outlet	
Sample	type:		□Grab □Time Pr	oportional		⊠24 Hour □Flow Pro	Composite portional			Hour Comportated/Iced in I		
Sample	Collection:		Date/Time I	nitiated:				Date/Time Te	erminated:			7
٠			Was sam	pler chain-	of-custody	seal intact a	t sample re	trieval:	□Yes	ПNo		
Volume (of Sample:		_Liters / Ga	allons		Container	Туре:	□FDA Gra	de Plastic	□Glass	□Stainles	s Steel
Storage	and Transp	ort Condition	ns:	□lced/Cod □Field Co		Temp. (°C)	upon collectio	on: Overnight	Courier			
Relinquishe	d by Sampler:			Date	Time	Received By:	ann	Colli		Date Q-1113	Time 735	1
Relinquished	í by:			Date	Time	Received By:			÷	Date	Time	
Relinquished	by:			Date	Time	Received By:				Date	Time	
		upon Rece		Containe	d	Accepted		□Compromi	ised / Explai	n below	□Rejected	J / Explain below
				· · · · · · · · · · · · · · · · · · ·		Sample Dat	ta and Use					
temp (°C)	pH _i	D.O. (mg/L)	cond./Sal*	TRC (ppm)	Dat	Dates used in te(s)	Toxicity Test Time	(s)	Sample Split ID	Da		erminated Time
5.0	8-38	8.4	8500 9850	20,1	911.1	3	1414	5		9.12.13	b	රින
otes:												
onductivity r	neasured in un	nhos; salinity m	easured in o/oc	I		<u></u>		<u>_</u>				
ample Ma	anipulations		Dealted DpH Adjuste DAerated/Du		mL's 0.1 N H			nL's 0.1 N Na			DFinal pH	
			Dechlorina		USupersatul	ration L mgs anhydrou				aeration: ow math belo	mg/L w or back)	
omments	:											•

REPORT
FINAL F

QCL			CHAI	N 'age		Cl _of_			DD	Υ		Lab LIMS	No: 4758095	MATRIX CODES
	ne: 215-355-3900		Report to: (if dif									LAB US	SE ONLY:	DW: DRINKING WATER
\		- 1										# A	Ascorbic/HCI Vials # HCI Vials	GW: GROUND WATER
Client/Acct. No. AS0 032	KIN BU	-										# N	Va ₂ S ₂ 0 ₃	WW: WASTEWATER
Address	LANDER	L Sampl	ing Site Address	s: (if c	differen	t)						_ # N	Va OH/Zn acetate pH	SO: SOIL
Official To FOLE	15									·		# H # H	1NO ₃ pH	SL: SLUDGE
City/State/Zip EOLSON, N	<i>M</i> ,	_			· .	·······						_ # N	l ₂ S0 ₄ pH laOH pH	OIL: OIL
Phone/Fax		P.O. I	No.										Inpreserved	SOL: NON SOIL SOLID
Client Contact & LEVNN G.	<u> </u>		ontact	T "T								# H	·	MI: MISCELLANEOUS X: OTHER
PROJECT		Co	ollection	G C) Matr	ix		1	f Con	ntainer:	s I B T	# To	emp control ID#	Field pH, Temp (C or F),
FIELD ID		Date	Military Time			e Total	H ² SO	H Y C a I s	N a O H	A C	a C T		ANALYSIS REQUESTED	DO, Cl ₂ , S. Cond. etc.
EFFUENT DIRCHA	uce	1/10/13 3-11-13	1200		(m	1						BI	QASSAY	
														· · · · · · · · · · · · · · · · · · ·
							П			$\dagger \dagger$	11			
						-	$\dagger \dagger$		\dagger	\Box	††			
					1	-	${\dagger}$		+	+	++			
					†-	 	\Box	\dagger	+	\mathbb{H}	++			
. Vo.				-	 	+-	$\dagger \dagger$	+	+	\vdash	++-			
W The state of the		<u> </u>		+	 	+-	H		+	+	++			· · · · · · · · · · · · · · · · · · ·
				-		-	+	\perp	-	++-	++	 		
				-	<u> </u>	-	-	+	-	-	+			
SAMPLED BY: (Name/Cognpany)	ax data due:			Ļ	<u></u>	<u> </u>			_				;	
AC/QC Hardcop		<u>-/</u>				rmat: rd + Q0						Disk	Field Parameters Ana	lyzed By:
Please of	call for pricing and a	allability o	on rush (<14-2	1 day	/) turna	around	and	on all	but	stand	ard fo	rmat.		
SAMPLE CUSTODY EXCHANGES IN	ЛUST BE DOCU	MENTE	D BELOW. U	JSE	FULI	L LEG	ΆL	SIG	NAT	TURE	E, D/	TE AND MIL	ITARY TIME (24 HOUR CLOCK, I.E. 8AMII	S 1800 4 BM IS 1600)
	·-, , , , '''''-	110	COLIVED DI		_				טן	MIE		TIME	DELIVERY METHOD: DOCCOURIER CLIEN	NT Custody Seal Number
RELINQUISHED BX DAT	E-12-13 TIME	RI	<u>coelor</u> ECEIVEDITY	<u>و</u> اما	<u> </u>	1_			- 6	471 ATE	(-1	3 1700		9-11-13
RELINQUISHED BY DAT	11215 (0)		ECEIVED BY	_					\downarrow	9.	121	3 GK	COMMENTS:	
3		3	ECEIVED BY						D.	ATE		TIME		
RELINQUISHED BY DAT	TE TIME	FI	ECEIVED BY			-			D.	ATE		TIME		
RELINQUISHED BY DAT	TE TIME	RI RI	ECEIVED BY		•	•			D.	ATE		TIME	+	
5		5	For exam	nn!	o to	old -							Hazardous: yes / no 3ºC AT	45/460

For example to aid completion, see reverse side.



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 47580	95	Facility N	ame or Co	de: Ki	m-Bi	C			
Test Type: VZAcute	□Chroni	ic .	□Sedimer	nt	□Pure Co	mpound	□Other		
Sample Number: □D001	□D002 □D003	□E001	□ E002	□ €003	, □E004	□E005	□E006		
If sample is compri (note: if split, assign A,	sed of splits, will the s B, Cto sample number—a	plits be homo add Z if samples	genized pr are homogen	ior to use:		Splits to	be homoge	nized:	
Description of Sample:	⊠Effluent □Dilution Waters		tact Cooling ater/pump ar		□Contact □Other:	Cooling Wa	iter		
Location of Sampling:	☑Final (post treatmen ☐Receiving Waters_	t)	□Final-Pre	chlorinated		□Final-C □Other:	-Chlorinated 🏻 🗖 Outfall Ou		
Sample type:	□Grab □Time Proportional		E24 Hour (-			Hour Compos rated/Iced in F		
Sample Collection:	Date/Time Initiated:				Date/Time Te	rminated:			
	Was sampler chain-	of-custody se	eal intact at	sample re	trieval:	□Yes	□Ño		
Volume of Sample:	_Liters / Gallons		Container	Type:	□FDA Grad	de Plastic	□Glass	□Stainle	ss Steel
Storage and Transport Condition		oler llected/Transpo	Temp. (°C) ported to Lab	ipon collectio	on: Overnight	Courier			
Relinquished by Sampler:	Date	Time	Received By:	IW	<u> </u>		Pate 9/2.13	Time 6/5	7
Relinquished by:	Date	Time	Received By:	1/	·	* * * * * * * * * * * * * * * * * * * *	Date	Time	
Relinquished by:	Date	Time F	Received By:	- 3/2			Date	Time	-
Condition of Sample upon Rece Sample Refrigerated (date/time/s	•		DAccepted		□Compromi	sed / Explai	n below	□Rejecte	J d / Explain below
Initial Sample Da	ata		Dates used in		·	Sample	I	Sample	Terminated
temp (°C) pH D.O. (mg/L)	Cond./Sal* TRC (ppm)	Date((s)	Time		Split ID	Da	te	Time
GES 8:37 8.4	9860 Lan	42.12	>	140	<u> </u>		9.13.	<i>1</i> 5	800
Notes:									
*Conductivity measured in umhos; salinity m	easured in o/oo		<u></u>	***************************************			<u> </u>	• · · · · · · · · · · · · · · · · · · ·	1
•	□ealted □pH Adjusted □Aerated/Due to:	mL's 0.1 N HCl □Supersatura			nL's 0.1 N Na of Sat. / final			□Final pH_ mg/	
Comments:	□Dechlorinated -	mį	gs anhydrous	s sodium thic	osulfate used	per liter (sh	ow math belo	w or back)	

FINAL REPORT	
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QCL ?	•		HAIN OF CU	STODY	Lab LIMS No: 4768 696	MATRIX CODES
1205 Industrial Blvd. Southampton, PA 18966-0514	Phone: 215-355-3900 Fax: 215-355-723				LAB USE ONLY:	DW: DRINKING WATER
 		1			# Ascorbic/HCl Vials # HCl Vials	GW: GROUND WATER
Client/Acct. No. AS003	2 KIN-BUC				# Na ₂ S ₂ 0 ₃	WW: WASTEWATER
Address	LANDFILL	Sampling Site	Address: (if different)		# Na OH/Zn acetate pH	SO: SOIL
<u> </u>				-	# HNO ₃ pH	SL: SLUDGE
City/State/Zip E015en	NO				# H ₂ S0 ₄ pH	OIL: OIL
Phone/Fax		P.O. No.			# NaOH pH	SOL: NON SOIL SOLID
Client Contact GLENN	6 RIEB	QC Contact			#Unpreserved	MI: MISCELLANEOUS
PROJECT	9(140)	Collection	GC	Number of Containers	#Hcl.pH	X: OTHER
A FIELDID		 	R O Matrix		# Temp control ID#	Field pH, Temp (C or F),
		Date Militar	Time B M Code Total	H	ANALYSIS REQUESTED	DO, Cl ₂ , S. Cond. etc.
EFFLENT DIS	CHARGE	9-12-13 14	is XWW 1		BIOASSAU	
						
mais in the second						:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
SAMPLED BY: (Name/Company)	Verbal/fax data due:		Poport Formati. F	10		
1 0/1	Hardcopy due:/_		☐ Standard + QC	Standard □ Forms . □ NJ Reduced □ Di	Field Parameters	
ASIQC	Please call for pricing and a	ailability on rush (Date/Time;
SAMPLE CUSTODY EXCHAN	IGES MUST BE DOCK	MENTED BELO	DW. USE FULL A FGA	SIGNATURE DATE	TIME (24 HOUR CLOCK, I.E. 8)	
RELINQUISHED BY SAMPLER 1	DATE TIME	RECEIVE	BY	DAIL	UNIVE DELIVERY METHOD: Office country of	AM IS 0800, 4 PM IS 1600)
RELINQUISHED BY	9-12-13 17	00 1 600	er-33	9-12-13	1700 DUPS DEEDEX DOTHER	CLIENT Custody Seal Number 9-12-13
2	DATE TIME	O RECEIVE	JBY	QB.B	TIME COMMENTS:	7700
RELINQUISHED BY	DATE TIME	RECEIVE		DATE	TIME	
RELINQUISHED BY	DATE TIME	3 RECEIVED) RV			
.4	THE	4	, g i	DATE	TIME	
RELINQUISHED BY 5	DATE TIME	RECEIVED	ВУ	DATE	TIME	1 / 1
*		For 4	vaminlo to old		Hazardous: yes / no 2°C(,	at lasticos
	•	, 0/ 6	example to aid co	mpietion, see re	everse side.	



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number:	47580	95		Facility	Name or Co	de: V	n-Bi	iC			
Test Type:	Acute		□Chronic		□Sedimer		□Pure C		□Other		
Sample Number:	□D001	□D002	□ D003	□E001	□E002	□E003	, EX E004	□E005	□E006		
if sampl (note: if s	le is compris plit, assign A, I	ed of splits 3, Cto sam	s, will the sp	lits be hon to Z if sampl	nogenized pr es are homogen	ior to use:		Splits to	be homoge	enized:	
Description of Sam	ple:	☐Effluen			ontact Cooling dwater/pump ar		□Contact □Other:	Cooling Wa	ater		
Location of Samplin	ng:		ost treatment) ng Waters		### ##################################	chlorinated		□Final-C □Other:	chlorinated		□Outfall Outlet
Sample type:		□Grab □Time Pr	oportional		24 Hour C				Hour Compos rated/Iced in F		
Sample Collection:		Date/Time Ir	itiated:		•		Date/Time Te	erminated:			
		Was sam	pler chain-o	f-custody	seal intact at	sample re	I triėval:	□Yes	ΠNo		
Volume of Sample:		Liters / Ga	illons		Container	Гуре:	DFDA Grad	de Plastic	□Glass	□Stainle	ss Staat
Storage and Transpo	ort Condition	s:	□lced/Cool □Field Coll		Temp. (°C) u	pori collectio	л: ☐Overnight	Courier		,	
Relinquished by Sampler:		-	Date	Time	Received By:		C 115		Date	Time	7
Relinquished by:			Date	Time	Received By:	man (ollun		9-13-13 Date	740	4
Relinquished by:			Date	Time	Received By:						
					Treceived by,				Date	Time	
Condition of Sample Sample Refrigerated	-		Contained		Accepted		□ Compromi	sed / Explai	n below	□Rejected	I d / Explain below
	•			;	Sample Data	and Use					
lni temp (°C) pH	itial Sample Data D.O. (mg/L)	cond./Sal*	TRC (ppm)		Dates used in T	oxicity Test		Sample	·	Sample	Terminated
			د٥, (9,15.		Time(Split ID	Q.14.13		7ime 890
ntes:	0,1	,,,,				· · · · · · · · · · · · · · · · · · ·					
			-						- , -		
onductivity measured in um	hos; salinity mea	sured in o/oc								ليحص	L
ample Manipulations:	: [Salted									
	•	ipH Adjusted	i m	L's 0.1 N H	GL .	m	L's 0.1 N Na	ЭH		JFinal pH	
		Aerated/Du		Supersatur			of Sat. / final			_	
		Dechlorinate			ngs anhydrous					mg/L v or back)	•
omments:								• • • • •			,